St. Cloud Area Farmers Market

2024 Guest Vendor Application Form

Name of Busine	ss/Farm/Individu	ıal Seller:			
Owner/s' Name,	/s:				
Mailing Address	<u>:</u>				
City/State/Zipco	de:				
Telephone: Email Address:					
Website Address:					
Insurance Comp	any and Policy N	umber (attach a	a copy of policy)	:	
l am app	olying to be a Gu	est Vendor at t	he 2024 SCAFM	on the following date	/s: (circle dates)
May 4th	June 1st	July 6th	August 3rd	September 7th	October 5th
May 11th	June 8 th	July 13th	August 10th	September 14th	October 12th
May 18th	June 15 th	July 20th	August 17th	September 21st	October 19th
May 25th	June 22 nd	July 27th	August 24th	September 28th	October 26th
	June 29 th		August 31st		
due: OR: I am a local " <u>starving artist/</u> a	<i>artist/author</i> wh	o would like to	take advantage (ote total number of dat of the St. Cloud Area F (with the	armers Market's
Describe in deta	il ALL ITEMS you	hope to bring			
How will your pr	roduct(s) enhanc	e our Farmer's l	Market:		
Describe any red	quired licensing,	facility inspection	ons, certification	s, etc. :	

Note: Guest Vendors bring their own canopy, table, chairs, and all other required supplies

Upon receipt of your Guest Vendor Application, we will confirm your approval and the availability of your selected date/s, you will then have 5 days to mail your payment of \$20 for each approved date, along with your signed application form, and any copies of required insurance, licenses, certificates, inspections, and the ST19 form.

All Guest Vendor spots will be filled on a first-request basis and approved by the board at the monthly meeting (usually the 1st Monday of the month). All fees paid are non-refundable.

I understand that I will only be permitted to bring the item/s listed and approved on this application.

(Guest Vendor's Signature)

(Date)

All vendors are expected to be ready to sell at 8:00 a.m., stay the duration of the SCAFM, and not start to teardown or leave before noon without prior approval from the market manager. No solicitations/promotion for customers or vendors, verbal or written, of any other Farmer's Market within a 10-mile radius and operating on the SAME DAY as the SCAFM will be allowed on-site during the operation hours of any SCAFM event. Violation of these standards will terminate this Agreement.

Complete and email to: stcloudfarmersmarket@gmail.com or mail to:

St. Cloud Farmers Market

P.O. Box 7071

St. Cloud, MN 56301